

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities  
Employment Supports & Services  
**QUALITY ASSURANCE REVIEW**  
**Center-Based Employment Services**

QUALIFIED VENDOR NAME	CONTACT PERSON'S NAME
QUALIFIED VENDOR ADDRESS (P.O. Box, No., Street, City, State, ZIP)	PHONE NO. (Include area code)
REVIEWER'S NAME	DATE(S) OF REVIEW

**DIRECT LINE STAFF INTERVIEW**

INTERVIEWEE'S NAME	INTERVIEWEE'S TITLE
DATE OF HIRE / TIME AT PROGRAM	DATE OF INTERVIEW

How do you know the employment outcomes/objectives of the consumers you serve?

How do you help the consumer reach those outcomes/objectives?

How do you measure and record progress toward these outcomes and objectives?

Was the training you received adequate or inadequate for your job responsibilities?

What additional training would you like?

QUALIFIED VENDOR NAME

CONTACT PERSON'S NAME

**CONSUMER INTERVIEW**

CONSUMER'S NAME

DATE OF INTERVIEW

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What is your job here?

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What do you like about working here?

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What do you dislike about working here?

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How does staff help you when you need help?

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What kind of job would you like to have in the next few years?

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QUALIFIED VENDOR NAME	CONTACT PERSON'S NAME
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**MANAGEMENT LEVEL INTERVIEW**

INTERVIEWEE'S NAME / TITLE	DATE OF INTERVIEW
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What are your program's hours of operation?

Please show us how you keep a daily record of billable staff hours.

Please show us how you keep a daily record of consumer attendance.

What paid work is available to consumers?

What activities do consumers participate in during downtime?

What were the work exploration opportunities in which consumers participated?

Has the organization developed any new contracts this year? If so, what are they?

What do you see as the program's strengths?

QUALIFIED VENDOR NAME	CONTACT PERSON'S NAME
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What do you see as your program's challenges?

Are there any areas within the Division's Employment Supports and Services that you feel need improvement?

What progress has been made toward achieving service outcomes?

- Paid work shall be available to consumers at least 75% of the center's workweek ..... %
- At least 75% of consumers will meet their annual vocational goals, as defined in their Individual Support Plans ..... %
- At least 20% of consumers will demonstrate an increase in productivity ..... %
- At least 20% of consumers will have an increase in total wages paid..... %
- At least 10% of consumers will be identified for progressive moves from Center-Based Employment..... %

How is the satisfaction of consumers and employers measured and how is that information used for program involvement?

**CONSUMER FILES REVIEW**

CONSUMER'S NAME	DATE OF INTERVIEW
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Are monthly progress reports completed?  Yes  No

Are individual production records completed?  Yes  No

Is there a current Individual Support Plan and an employment outcome/objective?  Yes  No

Are there progress notes?  Yes  No

Is there a medical emergency contact on file?  Yes  No

QUALIFIED VENDOR NAME	CONTACT PERSON'S NAME
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Are medical consents current?  Yes  No

Is there a current time study (*every six months?*)  Yes  No

**WORKSITE OBSERVATION**

SITE NAME	SITE LOCATION
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Describe the activities that consumers are performing?

What was direct support staff doing during this visit?

Does there appear to be an adequate number of staff available to meet consumer needs?

Positive observations:

- Staff/consumer interactions:
- Physical site:
- Other:

Concerns:

Routing: Original – Employment Program Specialist, Copy – District File

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